

Testimony of Margaret Gatz, Ph.D.
To the Policy Committee
Of the White House Conference on Aging
What We Have Learned and Where We Need to Go: Research in Mental Health and Aging
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My name is Margaret Gatz. I am a representative of the American Psychological Association to the National Coalition on Mental Health and Aging. I am a Professor of Psychology at University of Southern California. Our psychology department is home to one of the nation's most long-standing doctoral training programs in clinical psychology and aging. I served as editor of Emerging Issues in Mental Health and Aging, the book that arose from this coalition's work and the Mini-Conference on Mental Health in support of the 1995 White House Conference on Aging.

I will highlight four issues that require research attention during the next decade.

1. We estimate that slightly over one fifth of older adults have mental disorders, including depression, anxiety disorders, substance use disorders, and dementia. However, there has not been a comprehensive nation-wide prevalence study of mental disorders in older adults in over two decades. The National Comorbidity Survey, which has guided understanding of prevalence and comorbidity of mental disorders at other ages, did not include those aged 55 and older. Research documenting the extent of mental health and substance use problems among older people is needed, including identification of problems newly arising in old age versus problems that are an extension of disorders earlier in life.
2. There is now a body of research that clearly demonstrates that mental disorders in older adults can be successfully treated with psychotherapy and with medications. That research has primarily focused on depressive disorders although also including anxiety disorders and substance use disorders; thus, more research is needed that encompasses the entire range of mental disorders experienced by older adults, that includes the oldest old, ethnically diverse older adults, and those with co-morbid physical conditions. We need more research about best ways to make evidence-based services and emerging best practices more accessible to older adults, such as co-locating mental health services in primary care facilities or "one-stop-shops" in the community; and we need more research about services integration, for example, the integration of mental health treatment with case management, physical exercise, alternative medicine, or peer support groups.
3. Existing research on risk factors for mental illness and on behavioral risk factors for physical illness suggests what prevention strategies should be effective to help older adults stay mentally healthy as well as physically, socially, and cognitively active and engaged. However, there is insufficient research identifying evidence-based prevention strategies and emerging best practices in the area of prevention, and there is insufficient research about how best to generate and sustain motivation for participation in prevention.
4. Given the increasing emphasis on consumer-directed care, for example, the "Cash and Counseling" approach for the delivery of in-home support services, mental health research might

usefully address the question of what capacities are required in order to be the director of consumer-directed care, how to assess capacity, and how to safeguard against quackery and scams for those who have mental illness or cognitive deficits. Toward this end, research on assessment of capacity and assessment of effective participation in decision-making is needed.

The decade ahead is a time of tremendous promise, given research advances that have already taken place, and a time of great challenge, given the growth of the older population. Research can provide the basis for best responding to that challenge.